This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER	::					
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-		Total F	ee Calcu	latio	a		
·	Fee Cade	Total # Claims	Number Exten	r N	Fac	Fee	т., .
·	Smiltg				Sm. Entry	Lg Entity	- Total
Ousic Filing Fee	201.101	\mathcal{O}_{λ}	, i		•		. 690
Total Claims >20	201.101	30	. [0	X		18	180
Independent Claims > 3	202/102	2 .;		Х		78	10-
Mult. Dep Claim Present	2047) 04					-1-0-	
Surcharge	205/105						. 121)
English Translation	130						1_2_
TOTAL FEE CALCULA	<u>T1024</u>						1000
Fees due upon filing th	e application						
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BALANCE DUE	= 5	100		-			
V. Tailoi							
Office of Initial Patent E	noisenimex	 .					
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FORM OIPE-RAM-01 (Rev. 12/97)

Application	or [Docket	Ν	lum	nber
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I						SMALL E	ENTITY		OTHER	THAN
FOR		· · · · · · · · · · · · · · · · ·	olumn 1)		(Column 2)			OR	SMALL	ENTITY
FOR NI		NUMBE	ER FILED	NUMBER	EXTRA	RATE	FEE]	RATE	FEE
BASIC FEE			100			345.00	OR		690.00	
TC	TAL CLAIMS		minus 2	20= * /(;		X\$ 9=		OR	X\$18=	180
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* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	87()	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)				(Column 3)	SMALL E	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 30	Minus	30	=	X\$ 9=		OR	X\$18=	
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	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL			TOTAL	
		(Column 1)		(Column 2)	(Column 2)	ADDIT. FEE] ~,	ADDIT. FEE	-1
		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)		ADDI			ADDI
ENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	FIRST PRESE	INTATION OF M	OLTIPLE DEI	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	· · · · · · - ·	-			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total		Minus	**	=	X\$ 9=		OR	X\$18=	
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